




Exhibit L

Agency: PARTLOW INSURANCE AGENCY INC  Code: 3401588 Subcode: 00 Agency Customer ID:	Insured's Name and Mailing Address Bright Auto LLC  Telephone Number:  Company: Grange Indemnity Insurance Co. Policy Number: XA Effective Date: 08/02/2013
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Authorization to Request Consumer Report

The undersigned hereby grants to Grange Mutual Casualty Company ("Grange"), its subsidiary companies and the above referenced insurance agency authority to conduct an investigation of my background, including the procurement of my personal credit history, including a credit score, and any and all other such records deemed proper and necessary in order to price my insurance policy and assess my character, reputation and background in connection with any application for a policy of insurance made by or on behalf of the applicant or upon renewal or rewrite of any such policy. The undersigned hereby understands that an investigative consumer report may be made, which will include information as to character, general reputation, personal characteristics, and mode of living. Upon request, information as to the nature and scope of the report will be provided, if such a report is made.

The undersigned acknowledges that, in accordance with the information sharing practices of Grange, the information obtained through this authorization may be shared with any member of the Grange Mutual Casualty Group of companies. However, information obtained by Grange through this authorization will not be shared with any nonaffiliated third parties (i.e. companies or individuals not a part of the Grange Mutual Casualty Group) except as required as a matter of law.

I hereby give my permission for any person, business or institution contacted in such investigation to release any and all information properly requested and copies of same, if requested, and do hereby release such person, business or institution from all liability for providing correct information. A photocopy of this authorization shall be as valid as the original.

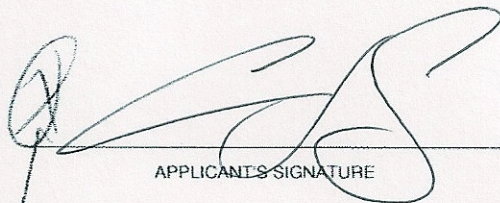
Name of Sole Proprietor/Officer/Managing Partner: Saipov Sayfullo



(Signature of Sole Proprietor/Officer/Managing Partner)

(Date)

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.



APPLICANT'S SIGNATURE

DATE (MM/DD/YY)